



**PROVIDER REPORT  
FOR**

**NUPATH  
147 New Boston Street  
Woburn, MA 01801**

**December 19, 2014**

**Version**

**Provider Web Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	NUPATH
<b>Review Dates</b>	11/12/2014 - 11/18/2014
<b>Service Enhancement Meeting Date</b>	11/24/2014
<b>Survey Team</b>	Steve Goldberg Joyce Herrmann Michelle Stomboly-Lorenzo (TL) John Hazelton
<b>Citizen Volunteers</b>	

**Survey scope and findings for Residential and Individual Home Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Residential and Individual Home Supports</b>	4 location(s) 6 audit (s)	Full Review	78 / 84 2 Year License 11/24/2014 - 11/24/2016		
Residential Services	4 location(s) 6 audit (s)			Deemed	

**Survey scope and findings for Employment and Day Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Employment and Day Supports</b>	4 location(s) 13 audit (s)	Full Review	60 / 66 2 Year License 11/24/2014 - 11/24/2016		
Community Based Day Services	1 location(s) 4 audit (s)			Deemed	
Employment Support Services	2 location(s) 5 audit (s)			Deemed	
Center Based Employment	1 location(s) 4 audit (s)			Deemed	

**Survey scope and findings for Planning and Quality Management**

Service Group Type	Sample Size	Scope	Licensure Level	Certification Scope	Certification Level
Planning and Quality Management	N/A	N/A	N/A	Deemed	0/0 Certified

## **EXECUTIVE SUMMARY :**

NuPath is a non-profit human service organization that has been providing a range of services to people with disabilities for over 46 years. It has broadened services to include people with physical and developmental disabilities, acquired brain injury, emotional disorders and Autism spectrum disorders, including Asperger's Syndrome. Service supports include 24-hour and less than 24 hour residential supports, Individual Home Supports, Center Based Employment (CBW), Community Based Day Supports (CBDS) and Employment Supports.

The agency recently received a three-year CARF accreditation. As a result of maintaining its CARF status, NuPath was able to deem the certification portion of the DDS survey. For the purpose of this DDS Licensing review, a total of 19 audits were conducted, six in 24-hour residential homes, five audits in Employment Supports, four audits in Community Based Day Services, and four audits in Center Based Employment Services.

Since the last survey, NuPath has begun to make a significant transformation to its day services with the vision of community employment and community integrated supports at the forefront. Specifically, NuPath has eliminated all sheltered piece work at both of its work locations. In addition, the agency has made a significant commitment to insuring that all individuals who work as part of a crew for numerous agency 'micro businesses' or participate in other internal work opportunities such as the cafe are paid at least minimum wage. To demonstrate this commitment all individuals involved with in-house work, such as janitorial work and retail, are paid at the minimum wage rate and the agency has not renewed its DOL certificates.

The organization continues to successfully develop and expand its clinical services to support the continued growth and development of its clientele, specifically those with autism. NuPath has added additional staffing resources to its experienced clinical team, and has developed an effective internal risk review committee. The Risk Committee is responsible on a macro level, to review individuals who have high risk behaviors, identify strategies for reducing the level of risk involved with individuals, and maintain oversight for these risk plans. Results of this licensing review validated the effectiveness of these systems to provide continual review and oversight of people's risk and behaviors, and monitor the effectiveness of the plans.

Individuals are supported to exercise their human rights and formal human rights training occurs as required for staff and individuals. Several individuals served by NuPath are active members of various agency-wide committees. For example, a self-advocate sits on the governing board of the organization, three individuals are members of the agency's Advocacy Committee, and three sit on its safety and human rights committees. NuPath has an effective Human Rights Committee. Committee minutes provided extensive and thorough information which included data collection and graphs for the committee members to review and make informed decisions. In addition, the committee performs beyond its required scope of review, for example, reviewing medication treatment plans which are not required to be reviewed by the human rights committee.

NuPath has created some innovative methods for maintaining on-going communication with families and for sharing the day to day activities in which the individuals are participating. For example, staff have access to iPads for taking pictures of people while they participate in meaningful community activities and then sharing these via social networking with family members. The organization fosters a culture of open communication and on-going relationships with its families. This was evident during the review of the residential homes. Family members were fully immersed in their loved ones' lives, were invited to attend medical appointments, visited frequently and had on-going communication with staff.

Results of this licensing review identified some areas needing improvement. As previously identified.

NuPath needs to improve systems to ensure that restraint reviews occur as required by DDS regulations. The agency needs to improve its system for insuring the timely submission of ISP assessments and support strategies. Consent forms for photo/media release and release of information need to include all required components to satisfy regulatory requirements.

As a result of this licensing survey, NuPath residential supports met 92% and employment/day services 91% of the indicators reviewed, earning a two-year license for each of these service groupings. The agency will conduct a Follow-up process within 60 days on the six specific indicators in each service grouping that did not meet standard during this review.

NuPath is congratulated for this fine accomplishment demonstrated by this survey's outcomes and for its commitment to providing valued services to all individuals supported.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>9/10</b>	<b>1/10</b>	
<b>Residential and Individual Home Supports</b>	<b>69/74</b>	<b>5/74</b>	
Residential Services Individual Home Supports			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>78/84</b>	<b>6/84</b>	<b>93%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>6</b>	

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>9/10</b>	<b>1/10</b>	
<b>Employment and Day Supports</b>	<b>51/56</b>	<b>5/56</b>	
Community Based Day Services Employment Support Services Center Based Employment			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>60/66</b>	<b>6/66</b>	<b>91%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>6</b>	

### **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L65	Restraint reports are submitted within required timelines.	Restraint form submission did not conform to identified timelines.

**Residential Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
L41	Individuals are supported to follow a healthy diet.	All homes were well stocked with healthy foods such as fresh fruits and vegetables, and people were observed spontaneously and independently choosing healthy snacks. Staff and individuals were knowledgeable about healthy eating and nutrition. Information, such "509" training for staff, and posted pictures of the nutrition/portion plate, were utilized. Individuals talked about and were proud of their weight loss or successful diabetes management. The agency is commended for supporting people to follow a healthy diet.
L53	Individuals can visit with family and friends.	There was an agency commitment and philosophy to communicate with and involve guardians and family members in people's lives that was actualized in their homes. Family members and guardians were involved in people's lives. Some staff had had the opportunity to develop long working relationships with the families of those they supported. Visits were supported and encouraged and family members were a regular presence at many homes. Staff were knowledgeable and sensitive to family events and situations. There was evidence of ongoing, consistent and frequent communication between staff and guardians/family, as well as the sharing of pertinent and necessary information. For example, family members were aware of people's recreational activities and schedules, rep payees received the necessary financial information, and guardians/family members were involved in ongoing health-care and other significant issues as they arose. The agency is commended for supporting people's ongoing involvement with family.
L85	The agency provides on-going supervision and staff development	The agency employs a multifaceted system of educating, supervising, and communicating with residential supporters on an ongoing basis. Monthly staff supervision is conducted with the use of a standardized format, focusing on areas of growth, quality enhancement, and performance goals.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	The release of information consents for two individuals did not have the required expiration dates.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L64	Medication treatment plans are reviewed by the required groups.	Medication treatment plans need to be submitted with ISP assessments prior to the ISP meeting, and reviewed by the team as part of the ISP process.
L69	Individual expenditures are documented and tracked.	Financial transaction withdrawals for individuals' expenditures need to be recorded at the time of withdrawal.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	The agency needs to insure that assessments are submitted to the DDS area office fifteen days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	The agency needs to insure that support strategies related to individual's goals and objectives are submitted to the DDS area office fifteen days prior to the ISP.

**Employment/Day Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
L77	The agency assures that staff are familiar with and trained to support the unique needs of individuals.	The agency does an exceptional job at individualizing its supports by using extensive systems of daily schedule planning, staff training, and clinical oversight. The result is a support network customized to the needs of each individual served, and thorough knowledge of each individual's needs by those who provide support to them. Most individuals surveyed received the supports of a Level I Behavior Plan, and corresponding staff training in the implementation of said plan. Plans focused on proactive steps supporters could employ to prevent challenging interactions, and specific techniques to assist individuals to resolve issues once they presented themselves. There was also a complex system of individualized daily schedules, enabling individuals to move from room to room based on their level of interest in the activity within the room. Prior to individuals leaving the building, both Room Supervisors and Nursing staff reviewed their schedule to ensure medical needs would be met.

**Employment/Day Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Staff had a clear understanding of each person's goals and the best approaches to support each individually. The agency offered training areas for art, hospitality, sewing, a café and the Mercantile Store. There were also two volunteer sites: the Salvation Army and Meals on Wheels. Staff encouraged individuals to pursue jobs/careers through the weekly Job Camp, where people were supported to fill out applications, and discuss work ethics and responsibilities for good job performance. This group was observed to be motivating and exciting for the participants that are pursuing jobs in the community. The agency is commended for supporting individuals to accomplish their individual goals.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L7	Fire drills are conducted as required.	There were several documentation omissions when recording fire drills. For example, the documentation did not include the total number of staff present to assist with the drills, and the documentation did not include the type of assistance each individual required to evacuate.
L15	Hot water temperature tests between 110 and 130 degrees.	The hot water heater was being repaired the day of the survey, therefore the hot water temperature did not test at 110 degrees.
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	The informed consents being used for the release of information and photos were not being completely filled out. Consequently, required components of informed consent were missing.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	The agency needs to insure that assessments are submitted to the DDS area office fifteen days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	The agency needs to insure that support strategies related to individual's goals and objectives are submitted to the DDS area office fifteen days prior to the ISP.





## MASTER SCORE SHEET LICENSURE

Organizational: NUPATH

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
○ L2	Abuse/neglect reporting	7/7	Met
L3	Immediate Action	7/7	Met
L4	Action taken	7/7	Met
L48	HRC	1/1	Met
L65	Restraint report submit	6/110	Not Met(5.45 % )
L66	HRC restraint review	99/106	Met(93.40 % )
L74	Screen employees	6/6	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	13/13	Met
L83	HR training	13/13	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/6						6/6	Met
L5	Safety Plan	L	4/4						4/4	Met
○ L6	Evacuation	L	4/4						4/4	Met
L7	Fire Drills	L	4/4						4/4	Met
L8	Emergency Fact Sheets	I	6/6						6/6	Met
L9	Safe use of equipment	L	4/4						4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
○ L11	Require d inspecti ons	L	3/3						3/3	Met
○ L12	Smoke detector s	L	4/4						4/4	Met
○ L13	Clean location	L	4/4						4/4	Met
L14	Site in good repair	L	3/3						3/3	Met
L15	Hot water	L	4/4						4/4	Met
L16	Accessi bility	L	4/4						4/4	Met
L17	Egress at grade	L	4/4						4/4	Met
L18	Above grade egress	L	3/3						3/3	Met
L19	Bedroo m location	L	3/3						3/3	Met
L20	Exit doors	L	4/4						4/4	Met
L21	Safe electrica l equipm ent	L	4/4						4/4	Met
L22	Clean applianc es	L	4/4						4/4	Met
L23	Egress door locks	L	4/4						4/4	Met
L24	Locked door access	L	3/3						3/3	Met
L25	Danger ous substan ces	L	4/4						4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L26	Walkway safety	L	4/4						4/4	Met
L28	Flammables	L	4/4						4/4	Met
L29	Rubbish/ combustibles	L	4/4						4/4	Met
L30	Protective railings	L	3/3						3/3	Met
L31	Communication method	I	6/6						6/6	Met
L32	Verbal & written	I	6/6						6/6	Met
L33	Physical exam	I	6/6						6/6	Met
L34	Dental exam	I	6/6						6/6	Met
L35	Preventive screenings	I	6/6						6/6	Met
L36	Recommended tests	I	6/6						6/6	Met
L37	Prompt treatment	I	5/5						5/5	Met
○ L38	Physician's orders	I	3/4						3/4	Met
L39	Dietary requirements	I	3/3						3/3	Met
L40	Nutritional food	L	4/4						4/4	Met
L41	Healthy diet	L	4/4						4/4	Met
L42	Physical activity	L	4/4						4/4	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I	6/6						6/6	Met
L44	MAP registration	L	4/4						4/4	Met
L45	Medication storage	L	4/4						4/4	Met
○ L46	Med. Administration	I	5/6						5/6	Met (83.33 %)
L47	Self medication	I	6/6						6/6	Met
L49	Informed of human rights	I	6/6						6/6	Met
L50	Respectful Comm.	L	4/4						4/4	Met
L51	Possessions	I	6/6						6/6	Met
L52	Phone calls	I	6/6						6/6	Met
L53	Visitation	I	6/6						6/6	Met
L54	Privacy	L	4/4						4/4	Met
L55	Informed consent	I	4/6						4/6	Not Met (66.67 %)
L56	Restrictive practices	I	2/2						2/2	Met
L57	Written behavior plans	I	1/1						1/1	Met
L58	Behavior plan component	I	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L59	Behavio r plan review	I	1/1						1/1	Met
L60	Data mainten ance	I	1/1						1/1	Met
L61	Health protecti on in ISP	I	2/2						2/2	Met
L62	Health protecti on review	I	1/1						1/1	Met
L63	Med. treatme nt plan form	I	5/5						5/5	Met
L64	Med. treatme nt plan rev.	I	1/5						1/5	Not Met (20.0 %)
L67	Money mgmt. plan	I	6/6						6/6	Met
L68	Funds expendi ture	I	5/6						5/6	Met (83.33 %)
L69	Expendi ture tracking	I	4/6						4/6	Not Met (66.67 %)
L70	Charge s for care calc.	I	6/6						6/6	Met
L71	Charge s for care appeal	I	6/6						6/6	Met
L77	Unique needs training	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L78	Restrictive Int. Training	L	2/2						2/2	Met
L79	Restraint training	L	2/2						2/2	Met
L80	Symptoms of illness	L	4/4						4/4	Met
L81	Medical emergency	L	4/4						4/4	Met
○ L82	Medication admin.	L	4/4						4/4	Met
L84	Health protect. Training	I	2/2						2/2	Met
L85	Supervision	L	4/4						4/4	Met
L86	Required assessments	I	4/6						4/6	Not Met (66.67 %)
L87	Support strategies	I	4/6						4/6	Not Met (66.67 %)
L88	Strategies implemented	I	6/6						6/6	Met
<b>#Std. Met/# 74 Indicator</b>									69/74	
<b>Total Score</b>									78/84	
									92.86%	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	5/5	4/4	4/4	13/13	Met
L5	Safety Plan	L		1/1	1/1	2/2	Met
○ L6	Evacuation	L		1/1	1/1	2/2	Met
L7	Fire Drills	L		1/1	0/1	1/2	Not Met (50.0 %)
L8	Emergency Fact Sheets	I	5/5	4/4	3/4	12/13	Met (92.31 %)
L9	Safe use of equipment	L	2/2	1/1	1/1	4/4	Met
L10	Reduce risk interventions	I		4/4	1/1	5/5	Met
○ L11	Required inspections	L		1/1	1/1	2/2	Met
○ L12	Smoke detectors	L		1/1	1/1	2/2	Met
○ L13	Clean location	L		1/1	1/1	2/2	Met
L14	Site in good repair	L		1/1	1/1	2/2	Met
L15	Hot water	L		1/1	0/1	1/2	Not Met (50.0 %)
L16	Accessibility	L		1/1	1/1	2/2	Met
L17	Egress at grade	L		1/1	1/1	2/2	Met
L18	Above grade egress	L		1/1		1/1	Met
L20	Exit doors	L		1/1	1/1	2/2	Met
L21	Safe electrical equipment	L		1/1	1/1	2/2	Met
L22	Clean appliances	L		1/1	1/1	2/2	Met
L25	Dangerous substances	L		1/1	1/1	2/2	Met
L26	Walkway safety	L		1/1	1/1	2/2	Met
L28	Flammables	L		1/1	1/1	2/2	Met
L29	Rubbish/combustibles	L		1/1	1/1	2/2	Met
L30	Protective railings	L			1/1	1/1	Met



Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L31	Communication method	I	5/5	4/4	4/4	13/13	Met
L32	Verbal & written	I	5/5	4/4	4/4	13/13	Met
L37	Prompt treatment	I	4/4	4/4	2/2	10/10	Met
○ L38	Physician's orders	I		4/4	3/3	7/7	Met
L39	Dietary requirements	I		2/2	1/1	3/3	Met
L44	MAP registration	L		1/1		1/1	Met
L45	Medication storage	L		1/1	1/1	2/2	Met
○ L46	Med. Administration	I		4/4	2/2	6/6	Met
L49	Informed of human rights	I	5/5	4/4	4/4	13/13	Met
L50	Respectful Comm.	L	2/2	1/1	1/1	4/4	Met
L51	Possessions	I	5/5	4/4	4/4	13/13	Met
L52	Phone calls	I	5/5	4/4	4/4	13/13	Met
L54	Privacy	L	2/2	1/1	1/1	4/4	Met
L55	Informed consent	I	5/5	4/4	1/4	10/13	Not Met (76.92 %)
L57	Written behavior plans	I		4/4	3/3	7/7	Met
L58	Behavior plan component	I		4/4	3/3	7/7	Met
L59	Behavior plan review	I		4/4	3/3	7/7	Met
L60	Data maintenance	I		2/2	3/3	5/5	Met
L61	Health protection in ISP	I		1/1	2/2	3/3	Met
L62	Health protection review	I		1/1	2/2	3/3	Met
L63	Med. treatment plan form	I		1/1		1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L64	Med. treatment plan rev.	I		1/1		1/1	Met
L77	Unique needs training	I	5/5	4/4	4/4	13/13	Met
L78	Restrictive Int. Training	L			1/1	1/1	Met
L79	Restraint training	L		1/1	1/1	2/2	Met
L80	Symptoms of illness	L	2/2	1/1	1/1	4/4	Met
L81	Medical emergency	L	2/2	1/1	1/1	4/4	Met
○ L82	Medication admin.	L		1/1	1/1	2/2	Met
L84	Health protect. Training	I		1/1	2/2	3/3	Met
L85	Supervision	L	2/2	1/1	1/1	4/4	Met
L86	Required assessments	I	4/5	1/4	2/4	7/13	Not Met (53.85 %)
L87	Support strategies	I	3/5	2/4	2/4	7/13	Not Met (53.85 %)
L88	Strategies implemented	I	5/5	4/4	4/4	13/13	Met
<b>#Std. Met/# 56 Indicator</b>						51/56	
<b>Total Score</b>						60/66	
						90.91%	

## MASTER SCORE SHEET CERTIFICATION

---